SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 28 2021

Bayfield Co.
Planning and Zoning Agency

	ENTERED
Permit #:	21-032
Date:	10-10-21
Amount Paid:	125-10-10-2/
Refund:	aux

9/20/21

Attach

Copy of Tax Statement

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTR	UCTION L	JNTIL ALI	L PERMITS HA	VE BEEN ISSUED T	O APPLIC	CANT.								
TYPE OF PERMIT R	EQUEST	ED→	 ■ LANI	D USE	NITAR		CONDITIONA	L USE	SPECI	AL USE	□ B.O.A.	. . .	THE	R
Owner's Name:	+ C	try	hia h	Lead	Mailin	ng Address:	City	state/Zip:	V V	115	4844	elephon		8228
Address of Property		o na	wee (2d.	City/	State/Zip:	4)15	484	14			Cell Phon	e:	-1595
Contractor:		iet/				ractor Phone: P	lumber:		, ,	₹' 3	F	Plumber	Phone	-(59 <u>5</u>
Authorized Agent:	e son Sigr	ning Appli	cation on behal	f of Owner(s))	_		gent Mailing Ad			ate/Zip):	M, MN	Written A		, , , , , , , , , , , , , , , , , , ,
PROJECT LOCATION	Legal	Descrip	tion: (Use T	ax Statement)	Tax ID	# (4-5 digits) 2268	1120.	3,0 ,0	, F		Deed (i.e. # as #: 2001	signed by		
1/4,		1/4	Gov't	Lot Lot(s	CS		Lot(s) No	. Block(s) No.	Subdivision:				91 100 99
Section	В_,т	ownship	50	N, Range	w	Town of:	IN)		Lot Size	At of	Acreag	19 19	4
				n 300 feet of Riv		am (incl. Intermittent)	Distance Stru	cture is fro	m Shore	line : feet	Is Proper		12 100 100 100	Wetlands
Shoreland -	☐ Is P	roperty	/Land withir	1000 feet of La		nd or Flowage escontinue	Distance Stru	cture is fro	m Shore		Floodplain □ Ye ※N	es .		resent? Yes XNo
☐ Non-Shoreland														
Value at Time of Completion * include donated time &		Project # of Stories and/or basement			Use	# of bedrooms	What Type Sewer/Sanitary Is on the pro						Water	
material	□ New	/ Const	ruction	✓ 1-Story		☐ Seasonal ☐ 1			icinal/Ci	tv			57-7	□ City
			Alteration	☐ 1-Story +	Loft				Municipal/City (New) Sanitary Specify Type:				+	☐ City
\$25 000.50	☐ Con	versior	1	☐ 2-Story			□ 3			sts) Specify Type:				
			xisting bldg)	✓ Basemen								.00 gallo	n)	
	_	a Busii erty	ness on	☐ No Baser☐ Foundati			☐ None			ervice co	ntract)			
		وطا	/		On			☐ Comp	oost Toi	let			\dashv	
5 1 11 Ct	116					4-17-				-				
Existing Structure Proposed Constru		mit beir	ng applied fo	r is relevant to i	t)	Length:	JAI ZAI	Width:	> (Heig Jula Heig	ht:	21	~ ;
						Length.	TO TO	Width:	28	1772	Heig	nt:	1 >	•
Proposed Us	е	1				Proposed Structur	re			C	imensions			luare otage
	-			Structure (first		ture on property)		- Incomplete		(Х)		
	-		Residence	with Loft	untings	sпаск, еtс.)				(X)		
☐ Residential (Use	-		with a Porc	:h	1			F	(X)		
				with (2 nd) P	orch					(Х)		
	-			with a Decl						(Х)		
X Commercial	LISO			with (2 nd) [(X)		
A commercial	036		Dunkhau	with Attach						(Х.)		
	-					sleeping quarters,	or □ cooking &	food prep	facilities)	1	X)		
Mobile Home (manufactured date Addition/Alteration (specify)									1	X	1			
Municipal U	se		Accessory		pecify)					+	X)		
	Ī		Accessory	/ Building Add	lition/A	Alteration (specify)				1	Х)		
				se: (explain)						(,	Х)		
				al Use: (explai						(Х)		
		X	Other: (ex	plain) Att	Jehe	d deck to	build	ina		(8x	28 x14 x	28)	616	~
may be a result of Bay	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.													
Owner(s):										D	ate			

(If there are Multiple Owners in the Deed All Owners must sign or letter(s) of authorization must accompany this application)

on behalf of the owner(s) a letter S . Stock S

912

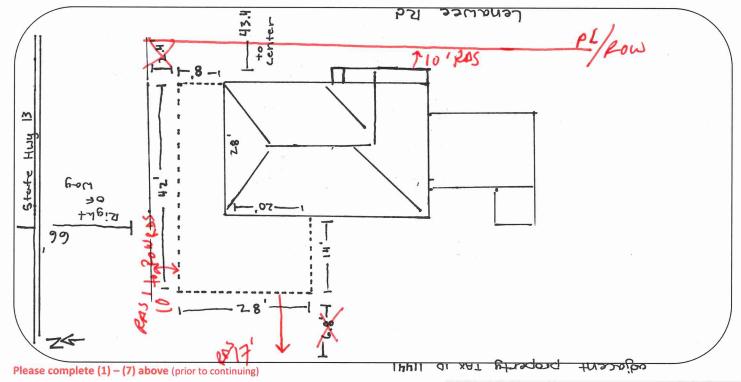
Authorized Agent:

Address to send permit _

- **Show Location of:**
- Show / Indicate:

Proposed Construction

- (2) (3)
- North (N) on Plot Plan Show Location of (*):
- Show: (4)
- (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) All Existing Structures on your Property
- (5) Show:
- $(*) \ \textbf{Well (W);} \ (*) \ \textbf{Septic Tank (ST);} \ (*) \ \textbf{Drain Field (DF);} \ (*) \ \textbf{Holding Tank (HT)} \ \text{and/or} \ (*) \ \textbf{Privy (P)}$ (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
- Show any (*): (6)(7)Show any (*):



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	ent		Description	Measurer	ment
	_1		781			
Setback from the Centerline of Platted Road	68.4	Feet		Setback from the Lake (ordinary high-water mark)	N/A	Feet
Setback from the Established Right-of-Way 10	24	Feet		Setback from the River, Stream, Creek	475'	Feet
PASIO			. 1-4	Setback from the Bank or Bluff	N/A	Feet
Setback from the North Lot Line	2.4	Feet			,	
Setback from the South Lot Line	120'	Feet		Setback from Wetland	37.8	Feet
Setback from the West Lot Line	6.8	Feet	7-5	20% Slope Area on property	Yes	X No
Setback from the East Lot Line	10.4	Feet		Elevation of Floodplain	NA	Feet
Setback to Septic Tank or Holding Tank	N/A	Feet		Setback to Well	25	Feet
Setback to Drain Field	N/A	Feet				
Setback to Privy (Portable, Composting)	NIA	Feet				

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	its Some	# of bedrooms: 2	Sanitary Date:	NA
Permit Denied (Date):	Reason for Denial:	1 2000	and the same of		
Permit #: 21-0327	Permit Date: 10-1	10,2001	7 - 11 - 2 -		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes YNo☐ Yes YNo	Affidavit Required Affidavit Attached	□ Yes XNo □ Yes YNo
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by Ves No		se#: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated			es Represented by Owner Was Property Surveyed		□ No
By owner Appears to be Cole Complant of to issue Lakes Classification (-)					
Date of Inspection: 10/C/2/	Inspected by:	but Schir	LIMAN PEN	Date of Re-Inspe	ction:
Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.) Must Maintin 10' Setbacks to ROW of St. Hwy 13 ! Lenewee Rd.					
Signature of Inspector:				Date of Appro	oval:/0/7/2/
Hold For Sanitary: Hold For TBA: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:		

Lacey Lueth Deck Addition



To Whom It May Concern,

I John Mead with Woody's Food & Spirits in Herbster Wisconsin do hereby give Lacey Lueth Permission to obtain a building permit for a new deck construction at 86985 Lenawee Road Prior to the sale of the business. $A = \frac{9}{10/2021}$

Today's Date: 9/3/2021

Property Status: Current

Created On: 3/15/2006 1:15:14 PM

Description

Updated: 3/8/2011

Tax ID:

12268

PIN:

04-014-2-50-07-08-1 00-238-45000

Legacy PIN:

Map ID:

Municipality:

(014) TOWN OF CLOVER

0.060

STR:

S08 T50N R07W

014110907000

Description:

PLAT OF ORCHARD CITY LOT 6 BLOCK 8

860 V.958 P.605

Recorded Acres: Calculated Acres:

0.094 Lottery Claims: 1 First Dollar: Yes

Zoning:

(C) Commercial

ESN:

109

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
014	TOWN OF CLOVER
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE
047090	CLOVER SANITARY #1

3	Recorded	Documents

Updated: 12/18/2013

WARRANTY DEED

Date Recorded: 11/20/2006

2006R-510597 958-605

☐ CONVERSION

Date Recorded: 3/15/2006

471-168;506-118;704-45

Ownership

Updated: 3/8/2011

JOHN R & CYNTHIA MEAD

HERBSTER WI

Billing Address:

JOHN R & CYNTHIA MEAD

JOHN R & CYNTHIA MEAD PO BOX 6

PO BOX 6 HERBSTER WI 54844

HERBSTER WI 54844

Mailing Address:

Site Address * indicates Private Road

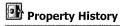
86985 LENAWEE RD

HERBSTER 54844

Droporty Accomment

Updated: 7/30/2018

Property Assessment		
	all relatives from the Commence of the Commenc	
Acres	Land	. Imp.
0.060	3,000	184,200
2020	2021	Change
3,000	3,000	0.0%
184,200	184,200	0.0%
187,200	187,200	0.0%
	0.060 2020 3,000 184,200	0.060 3,000 2020 2021 3,000 3,000 184,200 184,200



N/A

7 e-

Today's Date: 10/7/2021

Property Status: Current

Created On: 3/15/2006 1:15:14 PM

Description	

Updated: 3/8/2011

Tax ID: PIN:

12267

04-014-2-50-07-08-1 00-238-44000

Legacy PIN:

Map ID:

Municipality:

(014) TOWN OF CLOVER

014110906000

STR:

S08 T50N R07W

Description: PLAT OF ORCHARD CITY LOT 5 BLOCK 8 859 IN V.958 P.605

0.060

109

Recorded Acres: Calculated Acres:

0.093 Lottery Claims: 0 First Dollar: No

Zoning:

(C) Commercial

ESN:

7	Tax Districts	Updated: 3/15/2006	

1 STATE 04 COUNTY TOWN OF CLOVER 014 044522 SCHL-SOUTHSHORE 001700 TECHNICAL COLLEGE 047090 CLOVER SANITARY #1

Recorded Documents

Updated: 12/18/2013

WARRANTY DEED

Date Recorded: 11/20/2006

2006R-510597 958-605

□ CONVERSION

Date Recorded: 3/15/2006

471-168;506-118;704-45

Ownership

Updated: 3/8/2011

JOHN R & CYNTHIA MEAD

HERBSTER WI

Billing Address: JOHN R & CYNTHIA MEAD

PO BOX 6 HERBSTER WI 54844 **Mailing Address: JOHN R & CYNTHIA MEAD**

PO BOX 6

HERBSTER WI 54844



Site Address * indicates Private Road

N/A

	Pı	оре	erty	Ass	e	ssr	ne	ent	
~	-	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	-	-	-	*
		-			-	_			

Updated: 4/29/2013

	•	
Acres	Land	Imp.
0.060	3,000	0
2020	2021	Change
3,000	3,000	0.0%
0	0	0.0%
3,000	3,000	0.0%
	0.060 2020 3,000 0	0.060 3,000 2020 2021 3,000 3,000 0 0



Property History

N/A

Today's Date: 10/7/2021

Property Status: Current

Created On: 3/15/2006 1:15:14 PM

Description

Updated: 3/8/2011

Tax ID:

12266

PIN:

04-014-2-50-07-08-1 00-238-43000

Legacy PIN:

014110905000

Map ID: Municipality:

(014) TOWN OF CLOVER

STR:

S08 T50N R07W

Description:

PLAT OF ORCHARD CITY LOT 4 BLOCK 8

858 V.958 P.605

Recorded Acres: Calculated Acres: Lottery Claims:

0.060 0.092 0

First Dollar: Zoning:

(C) Commercial

ESN:

No 109

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
014	TOWN OF CLOVER
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE
047090	CLOVER SANITARY #1

্ব	Recorded Documents
	WARRANTY DEED

Date Recorded: 11/20/2006

2006R-510597 958-605

Updated: 3/15/2006

□ CONVERSION

Date Recorded:

471-168;506-118;704;45&54

Ownership

Updated: 3/8/2011

JOHN R & CYNTHIA MEAD

HERBSTER WI

Billing Address: JOHN R & CYNTHIA MEAD

Mailing Address: JOHN R & CYNTHIA MEAD

PO BOX 6 HERBSTER WI 54844 PO BOX 6

HERBSTER WI 54844

Fite Address * indicates Private Road

N/A

Property Assessment		Updated: 4/29/2013					
2021 Assessment Detail							
Code	Acres	Land	Imp.				
G2-COMMERCIAL	0.060	3,000	0				
2-Year Comparison	2020	2021	Change				
Land:	3,000	3,000	0.0%				
Improved:	0	0	0.0%				
Total:	3,000	3,000	0.0%				



Property History

N/A

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - Municipal
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0327	,	Issued	d To: Jo	hn 8	Cynthia	Mead						
Location:	1/4	of	1/4	Section	5	Townsh	ip 50	N.	Range	7	W.	Town of	Clover
Gov't Lot		Lot	6	Blo	ck	8 S	ubdivision	Pla	t of Orc	hard	d City	CSM#	

For: Commercial: [1- Story; Commercial Principal Addition (Deck) Irregular (8' x 42') (14' x 28') = 616 sq. ft.]
Height of 15'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must maintain 10' setbacks to right-of-way of State Hwy 13 and Lenawee Rd.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Robert Schierman, Director

Authorized Issuing Official

October 10, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATE MENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 0 2 2021

Permit #: Date: Amount Paid: 9-2-21 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

1/4

1/4,

Gov't Lot

Lot(s)

CSM

Vol & Page

Town of:

Bayfield Co.

DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u>	TO APPLICANT. Origi	inal Ap	plication MUST be submitted	FILL OUT IN INK	(NO PENCIL)
TYPE OF PERMIT REQUESTED → □ LAND USE □	SANITARY PRIV	Υ	CONDITIONAL USE SPECIA	L USE B.O.A.	OTHER
Owner's Name:	Mailing Address:		City/State/Zip:	1 1 - 11	Telephone:
Eileen Karpfinger	117 Wisco	nsi	Ap Virogual	WI/54665	510-228
Address of Property: 39320 Back Point Rd	City/State/Zip:	ster,	WI 54665	- l	Cell Phone: 5250
Contractor:	Contractor Phone:		Plumber:		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:		Agent Mailing Address (include Cit	y/State/Zip):	Written
					Authorization
					Attached
		THE N			☐ Yes ☐ No
PROJECT	Tax ID#		_	Recorded Document:	(Showing Ownership)
Legal Description: (Use Tax Statement)	17	10	9	ZORIR	589938

Section 📈 🗸 😉	, Township	Clove	ot Size	19,9
Cich and and	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Distance Structure is from Shoreline :	1. 61. 1.1.1.1	Are Wetlands Present?
X Shoreland →	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue →	Distance Structure is from Shoreline :	☐ Yes	☐ Yes No
□ Non-Shoreland				

CSM Doc#

Lot(s)#

Block #

Subdivision:

Acreage

Lot Size

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property <u>or</u> Will be on the property?	Type of Water on property
	☐ New Construction	☐ 1-Story	□ Basement	□ 1	☐ Municipal/City	☐ City
	☐ Addition/Alteration	☐ 1-Story + Loft	☐ Foundation	丞 2	☐ (New) Sanitary Specify Type:	Well
3277,000 Assussi	☐ Conversion	፮ 2-Story	凌 Slab	□ 3	Sanitary (Exists) Specify Type:	
ASSES	☐ Relocate (existing bldg)			X	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
-	☐ Run a Business on		Use	☐ None	☐ Portable (w/service contract)	
	Property		🖳 Year Round		☐ Compost Toilet	
	8 Short-Leimeen	m)	Ĭ		□ None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: (L U	Width: 33	Height: 28

Proposed Use	1	Proposed Structure	Di	mensions		Square Footage
	X	Principal Structure (first structure on property)	(Х)	
		Residence (i.e. cabin, hunting shack, etc.)	(Х)	
Residential Use with Loft with a Porch		(Х)		
		(Х)		
	with (2 nd) Porch		(Х)	
		with a Deck	(Х)	
Commercial Use		with (2 nd) Deck	(Х)	
_ commercial use		with Attached Garage		Х) -	
		Bunkhouse w/ (\square sanitary, \underline{or} \square sleeping quarters, \underline{or} \square cooking & food prep facilities)	(Х)	
		Mobile Home (manufactured date)	(Х)	
☐ Municipal Use		Addition/Alteration (explain)	(Х)	
		Accessory Building (explain)	(Х)	
		Accessory Building Addition/Alteration (explain)	(Х)	
	×	Special Use: (explain) Short - Lern Rontal (1-unit)	136	X lel)	2371
		Conditional Use: (explain)	(Х)	
		Other: (explain)	(Х)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described

property at any reasonable time for the purpose of inspection.		
To Make		9/2/21
Owner(s):	Date	1/6/21
(If there are Multiple Owners listed op the Deed All Owners must sign or letter(s) of authorization must accompany this application)		' /
		~
Authorized Agent:	Date	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

117- Wisconsin

Address to send permit _

Attach WI 54665 Copy of Tax Statement If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE In the box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction Show Location of:** (1)Show / Indicate: North (N) on Plot Plan (2)(*) Driveway and (*) Frontage Road (Name Frontage Road) Show Location of (*): (3)All Existing Structures on your Property (4)Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)Wester front E Boat House ouse to be N Pele Barn

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Description Setback Description Measurements		Description	A PROPERTY OF STREET	etback urements	
Setback from the Centerline of Platted Road	1833	Feet		Setback from the Lake (ordinary high-water mark)	128	Feet
Setback from the Established Right-of-Way	1800	Feet		Setback from the River, Stream, Creek		Feet
	,			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	275	Feet				
Setback from the South Lot Line	132	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	1124	Feet		20% Slope Area on the property	☐ Yes	□ No
Setback from the East Lot Line	128	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	25	Feet		Setback to Well		Feet
Setback to Drain Field	400	Feet				
Setback to Privy (Portable, Composting)		Feet				
Brian to the placement or construction of a structure within ton (10) for	at of the minimum require	d setback	the h	oundary line from which the setback must be measured must be visible from on	e previously survey	ed corner to the

W

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from er previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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The local Town, Village, City, State or Federal agencies may also require permits.
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 3	89350	# of bedrooms:	Sanitary Date: 16-10-01			
Permit Denied (Date):	Reason for Denial:						
Permit#: 21-035/	Permit Date: 10-	20-21					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco Yes (Fused/Contig	(uous Lot(s)) [] No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No		
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Yes No	ase #:				
	Vas Parcel Legally Created Yes No Were Property Lines Represented by Owner						
Inspection Record: Existing house -	- proposed 5	TR.		Zoning District Lakes Classification			
Date of Inspection:	Inspected by:			Date of Re-Inspe	ction:		
Condition(s): Town, Committee or Board Conditions Att Conditions per Town Board; Or rental, owner must have Towns	ached? Yes No-(If	No they need to be atta	sold @ Prior	to advert	sting and		
and love of Clived Short-te	in rental 1	se locense issicuse. Rental	can only be	rented as	a d- beds		
Hold For Sanitary: Hold For TBA:							

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When Town Board has completed this form, please mail to:

Receiving Town Board approval, <u>does not</u> allow the start of construction or business, you <u>must</u> first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

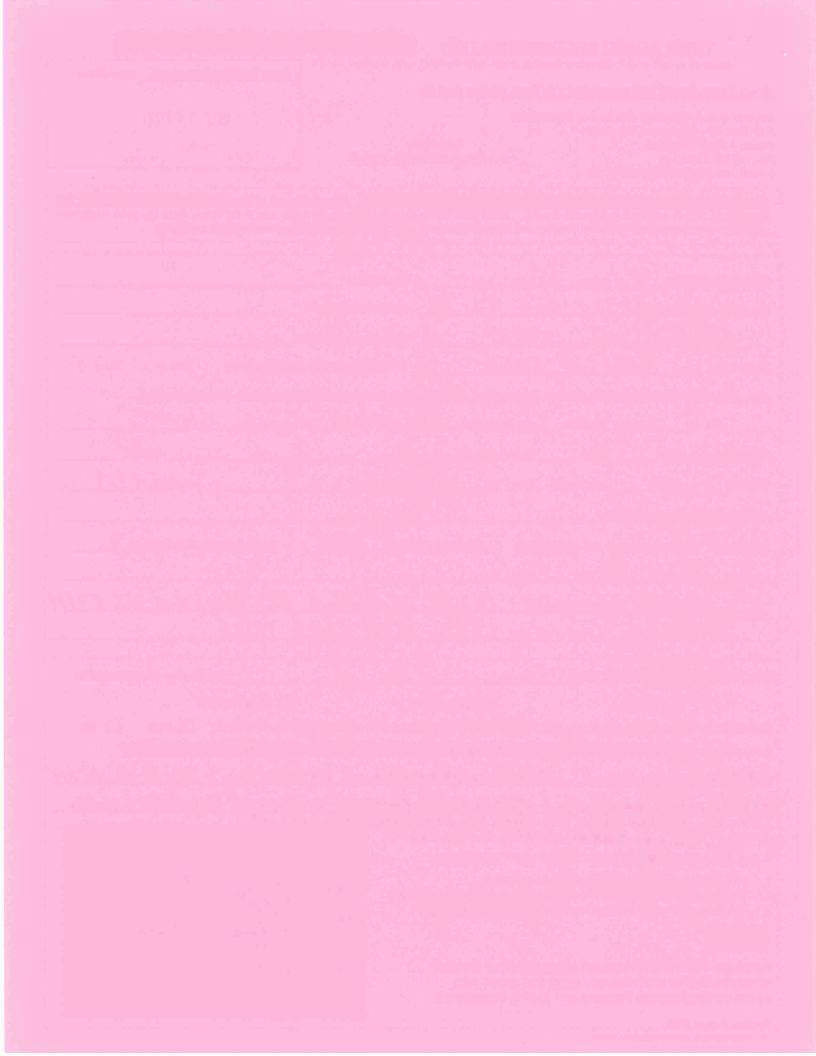
Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14)

Date Zoning Received: (Stamp Here)

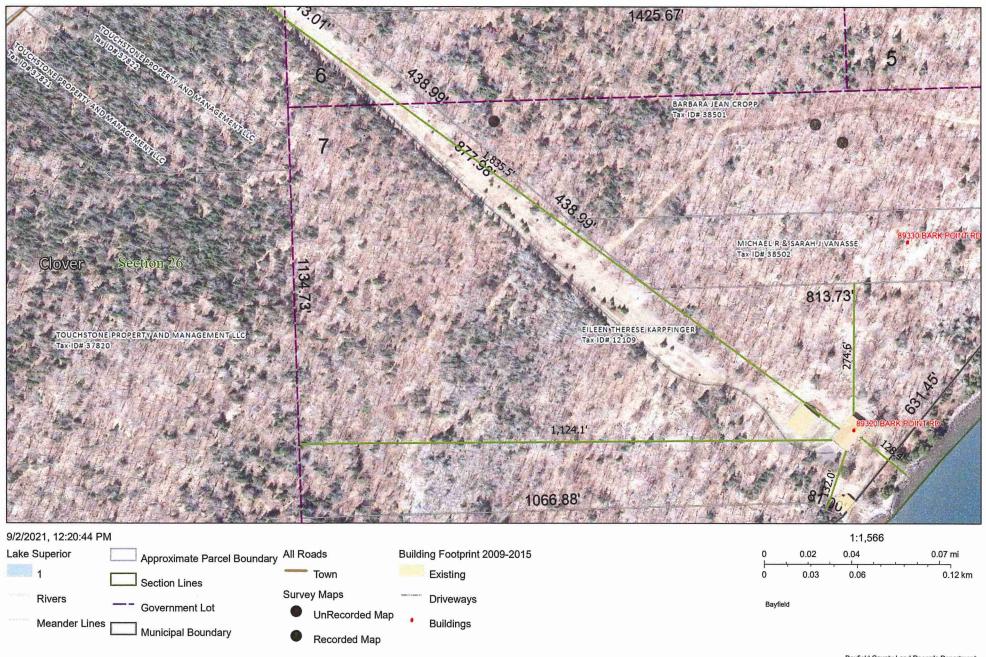
OCT 1 4 2021

Bayfield Co.
Planning and Zoning Agency

[front/back]. This is a Class A special use request. Note: The Town's <u>Planning Commission</u> meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).
Property Owner
Govt. Lot <u>2,6,7</u> Lot Block Subdivision CSM#
Volume Page of Deeds Tax I.D# Acreage Acreage
Additional Legal Description:
Applicant: (State what you are asking for) Zoning District: RRB Lakes Classification
Local Representative Adom Campbell 14200 Matthews Rd, Herbster, WI 5484
A.C. Carpentry LLC, 715-209-1528
We, the Town Board, TOWN OF Clever, do hereby recommend to
☐ Table ☐ Approval ☐ Disapproval
Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan:
Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)
Recommend Approval 1) Not Then Sherable if property is 50/6 2) piron
to advertising & Revel agreer must have. Wis. Tourist Rooming house
License 155 celler Barfield Country track the Nepant of TOC Short-term Rentel License Signed:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: Chairman: Chairman:
1. The Tabled, Approval or Disapproval box checked Supervisor: The Taylor of the tabling approval or disapproval
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax Supervisor: Yell Town to be a copy or fax



Bayfield County, WI



Today's Date: 8/30/2021

Property Status: Current

Created On: 3/15/2006 1:15:14 PM

Description Updated: 8/18/2021 12109

Tax ID: PIN:

04-014-2-51-07-26-4 05-007-50000

Legacy PIN: Map ID:

014109501990

Municipality:

(014) TOWN OF CLOVER

STR: Description: S26 T51N R07W 2 PAR IN GOVT LOTS 2, 6 & 7 IN DOC 2021R-589938 SUBJ TO EASE 707

Recorded Acres: Calculated Acres: Lottery Claims:

19.900 21.130 0 Yes

First Dollar: Zoning:

(R-RB) Residential-Recreational Business 109

ESN:

Tax Districts 1 04

014 044522

Updated: 3/15/2006 STATE COUNTY TOWN OF CLOVER SCHL-SOUTHSHORE 001700 TECHNICAL COLLEGE

Recorded Documents

Updated: 7/6/2010

PERSONAL REPRESENTATIVES DEED

Date Recorded: 7/26/2021 2021R-589938

TRUSTEES DEED

Date Recorded: 10/30/2013

2013R-552074 1117-115

QUIT CLAIM DEED

Date Recorded: 6/29/2010

2010R-533380 1042-342

CONVERSION

Date Recorded: 3/15/2006

452-390,393;605-190

Ownership

Updated: 8/18/2021

EILEEN THERESE KARPFINGER

VIROQUA WI

Billing Address: EILEEN THERESE KARPFINGER 117 WISCONSIN AVE

VIROQUA WI 54665

Mailing Address: EILEEN THERESE KARPFINGER 117 WISCONSIN AVE VIROQUA WI 54665

Site Address * indicates Private Road

89320 BARK POINT RD

HERBSTER 54844

Property Assessment Updated: 7/30/2018 2021 Assessment Detail Code Acres Land Imp. **G1-RESIDENTIAL** 19,900 263,700 277,000 2-Year Comparison 2020 2021 Change Land: 263,700 263,700 0.0% Improved: 277,000 277,000 0.0% Total: 540,700 540,700 0.0%



Property History

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	21-0351		Issued To: Eileen Ka			arpfinger							
Location:	1/4	of	1/4	Section	26	Township	51	N.	Range	7	W.	Town of	Clover
2 Parcel ii	n												
Gov't Lot	2, 6 & 7	Lot		Blo	ck	Sub	odivisio	n				CSM#	v

For: Residential Other: Short-Term Rental (of Existing Residence) [2-Story] (66' x 33') = 2,371 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per Town Board. (1) Not Transferable if property is sold. (2) Prior to advertising and rental, owner must have tourist rooming house license issued by Bayfield County Health Department and Town of Clover short-term rental license rental can only be rented as a 2-bedroom based on septic system sizing.

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NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

October 21, 2021

Date